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|  | ***SOP/SWMS Review Checklist*** |

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| **Part 1 –Details** | | | | | | |
| Project name: | | |  | | | |
| Company name: | | |  | | | |
| SOP / SWMS Title(s): | | |  | | | |
| Revision Number: | | |  | | | |
| **Part 2 –Requirements** | | | | | | |
| Does your SWMS or SOP include: | | | | | | Y/N/NA |
|  | Organisations name and date | | | | |  |
|  | Step-by-step sequence of undertaking the activity/work | | | | |  |
|  | Identification of the hazards associated with each step | | | | |  |
|  | Identification of potential risks associated with each hazard | | | | |  |
|  | Risk assessment of each risk identified using a risk rating matrix. | | | | |  |
|  | Identification of control measures for each risk using the hierarchy of controls | | | | |  |
|  | Names/positions of personnel responsible for each control measure | | | | |  |
|  | Any pre-starts requirements (e.g. permits) required for the activity/work. | | | | |  |
|  | Any OHS legislation and relevant standards/codes applicable to the activity/work. | | | | |  |
|  | Details of specific training required to undertake the activity/work | | | | |  |
|  | Details of any plant and equipment that will be required to undertake the activity/work. | | | | |  |
|  | List of required Personnel Protective Equipment (PPE). | | | | |  |
|  | Names of workers consulted and involved in the development of the SOP / SWMS. | | | | |  |
|  | Name of senior manager who has approved the SOP / SWMS | | | | |  |
|  | Verification that workers have been inducted into the SOP / SWMS and understand the content | | | | |  |
| **Part 3 – Comment on 'No' responses – how is the risk managed?** | | | | | | |
|  | | | | | | |
| **Part 4 – Submission of SOP / SWMS** | | | | | | |
| Contractor Representative:  I certify that the information provided in this checklist is true and accurate: | | | | | | |
| Name: | |  | | Role: |  | |
| Signature: | |  | | Date: |  | |
| Contract Manager (person engaging contractor):  I have reviewed this checklist and confirm it has been completed by the contractor and the checklist indicates no non-compliances or where there are non-compliances these have been addressed by the contractor: | | | | | | |
| Name: | |  | | Role: |  | |
| Signature: | |  | | Date: |  | |